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84th plenary meeting
Thursday, 1 June 2017, 10 a.m.
New York

President: Mr. Thomson ..... (Fiji)

The meeting was called to order at 10.15 a.m.

Agenda item 115 (*continued*)

Appointments to fill vacancies in subsidiary organs and other appointments

(b) Appointment of members of the Committee on Contributions

Report of the Fifth Committee (A/71/590/Add.3)

The President: In paragraph 3 of its report, the Fifth Committee recommends that the General Assembly appoint Mr. Steve Townley of the United Kingdom of Great Britain and Northern Ireland as a member of the Committee on Contributions for a term of office beginning on 1 June 2017 and ending on 31 December 2017.

May I take it that it is the wish of the Assembly to appoint Mr. Steve Townley as a member of the Committee on Contributions for a term of office beginning on 1 June 2017 and ending on 31 December 2017?

It was so decided.

The President: The General Assembly has thus concluded this stage of its consideration of sub-item (b) of agenda item 115.

Agenda item 10

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS

Report of the Secretary-General (A/71/864)

The President: In June 2016, leaders gathered here in the General Assembly Hall to adopt the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and Ending the AIDS Epidemic by 2030 (see A/70/PV.97). The Political Declaration put in place a road map for the international community to achieve our global aim of ending the AIDS epidemic by 2030, as set out in the 2030 Agenda for Sustainable Development.

Today we ask once again that we come together to mark the first annual review of our progress to implement the 2016 Political Declaration. A blunt assessment would say that to date our achievements have been mixed. While important advances have been made, including scaled-up access to antiretroviral treatments and a decline in the number of children born with the virus, the scale of our shortcomings remains of deep concern. HIV prevention rates among adults around the world have largely stalled, with the number of new infections actually increasing in some regions. Almost 1,800 young people a day are being newly infected with HIV, with young women in particular being at higher risk.

If we are to succeed in ending the epidemic of AIDS by 2030, securing healthy lives and well-being for all

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and of achieving the 2030 Agenda, we must scale up our efforts to meet the fast-track targets to fight HIV and AIDS, as reflected in the 2016 Political Declaration. To do so, we must pursue a comprehensive and inclusive approach. I shall now refer to a few imperatives.

We must provide education, information and services to people living with HIV, as well as to young, vulnerable and marginalized people, to women and girls, and to those at most at risk of being infected. We must protect the human rights of all persons without distinction. We must counter stigma and discrimination against people living with HIV and populations at higher risk of infection, including sex workers, men who have sex with men, transgender persons and people who inject drugs. We must build on the tremendous advances that we have already seen in science, technology and innovation, in order to better support people living with HIV and to find a path towards a vaccine or cure. We must harness the power of all stakeholders to meet this global challenge by strengthening already established strategic partnerships, as well as creating new ones that include Governments, affected communities, civil society, the private sector, academics, scientists and philanthropists. To that end, the Joint United Nations Programme on HIV/AIDS is the prime example of a partnership that seeks to galvanize both multisectoral and multi-stakeholder action.

We must also leverage the integrated nature of the Sustainable Development Goals (SDGs) by building on the synergies between our global AIDS response and our efforts to achieve universal health coverage and well-being, and the implementation of the other SDGs as relevant.

Finally, we must provide adequate funding to meet those objectives, including by reversing the decrease in international support and closing the $7 billion funding gap for the global AIDS response from all sources — public and private, domestic and international.

We have before us a critical window of opportunity to end the AIDS epidemic. However, to do so we must take action now. Let us therefore seize the opportunity of today's review to commit to accelerating our efforts to implement the Political Declaration on HIV and AIDS, to achieving the 2030 Agenda for Sustainable Development and to creating a future where HIV and AIDS are consigned to the sorrows of the past.

It is now my privilege to give the floor to the Deputy Secretary-General, Her Excellency Ms. Amina Mohammed.

The Deputy Secretary-General: It is a real pleasure to address the General Assembly this morning for this annual HIV/AIDS review.

During the process of developing the Sustainable Development Goals, it was clear to me how relevant and innovative the approach to ending HIV/AIDS had been and how important it would continue to be. Achieving our aims on AIDS is interlinked and embedded within the broader 2030 Agenda. Both are grounded in equity, human rights and a promise to leave no one behind.

In June 2016, Member States adopted the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and Ending the AIDS Epidemic by 2030. As the Secretary-General's report (A/71/864) notes, the AIDS pandemic is far from over. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that more than 36.7 million people are living with HIV globally. While more than 18 million are now on life-saving treatment, that is just half of those who need it, and there is no decline in the number of new infections each year.

People living with HIV who are on treatment can now have the same life expectancy as someone who is not infected. That is why a life-cycle approach to HIV is so important — to ensure that people have access to the services they need at every stage of life.

The world has the scientific knowledge and experience to reach people with HIV/AIDS options tailored to the realities of their lives. I am happy to report today that more babies than ever are being born free from HIV.

Now we need to do a better job of reaching young women and adolescent girls. That is particularly true for sub-Saharan Africa, where adolescent girls account for three out of four new HIV infections among persons from 15 to 19 years of age. Women's and girls' heightened vulnerability to HIV is intimately linked to entrenched gender-based inequalities and harmful social attitudes.

We also need to ensure a more integrated approach to HIV programme delivery. In particular, we need to integrate HIV into sexual- and reproductive-health programmes, including family planning.

Just as we must reach young women, we have to make it easier for other key populations to access health services. Injecting drug users, sex workers and men who have sex with men are 10 to 24 times more likely to acquire HIV than the general population.

Ending AIDS fits squarely within the 2030 Agenda. The global commitments that we made to eliminate gender inequalities, to promote, protect, respect and fulfil all human rights and to achieve universal health coverage mutually reinforce efforts to eradicate AIDS. The AIDS response has led the way for evidence-based policy and programming.

I hope that the voluntary national reviews that States Members of the United Nations will present at the meeting of the High-level Political Forum in July will reflect the lessons learned at the national level in responding to AIDS. I urge Member States to heed the call by UNAIDS for a grand prevention coalition that stimulates action across the five pillars of HIV prevention.

We still need a further $7 billion to reach our targets for preventing and treating HIV. That translates into about $0.50 per person per year globally between now and 2030. That small per capita increase in investment could generate significant returns — an additional 21.7 million HIV infections prevented and 8.8 million AIDS-related deaths averted. The economic benefits of such an intervention would generate an 8 to 1 return on investment due to better health and reduced mortality.

I am proud to see how the United Nations and UNAIDS, under the leadership of its Executive Director, Mr. Michel Sidibé, are committed to finding new and better approaches to ending this epidemic. I hope to see our investment in ending the AIDS epidemic and saving lives translate into political and financial investment in UNAIDS, an entity that embodies many of the critical elements that we are seeking to incorporate into our broader United Nations reform efforts. That includes establishing a culture of accountability and strong performance management, with a focus on delivery rather than process and on people rather than bureaucracy.

In conclusion, let me emphasize the importance of taking the opportunity afforded by the 2030 Agenda for Sustainable Development and grounding success at the country and community levels. Let us always approach political decisions and meetings such as today's with communities and people in mind. In recognizing the importance of community-driven solutions and the global commitment to people-centred systems for health, I encourage Member States to listen closely to what communities need and have to say. If we do that, we truly can say that we will end AIDS.

The President: I thank the Deputy Secretary-General for her statement.

Mr. Tangara (Gambia): I have the honour to deliver this statement on behalf of the Group of African States.

The African Group wishes to thank the President of the General Assembly for convening this first annual meeting to review the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and Ending the AIDS Epidemic by 2030, which was adopted in June 2016. The Group takes note of the Secretary-General's report, including its recommendations, entitled "Reinvigorating the AIDS response to catalyse sustainable development and United Nations reform" (A/71/864).

At the outset, the African States Members of the United Nations would like to reaffirm their commitment to fighting HIV and AIDS, an epidemic that poses a threat to sustainable development in Africa and to its demographic dividend. Africa's commitment to addressing HIV and AIDS remains unwavering. As a reflection of that commitment, Africa continues to put in place initiatives aimed at accelerating progress in the continent's HIV and AIDS response efforts. They include the African Union (AU) Road Map on Shared Responsibility and Global Solidarity for AIDS, Malaria and Tuberculosis, adopted by our Heads of State and Government in 2012; the Abuja Action Plan towards the Elimination of HIV/AIDS, Tuberculosis and Malaria in Africa by 2030, adopted during the AU Special Summit held in July 2013; and the continuing commitment of African States to allocating 15 per cent to the health sectors of individual national AU State budgets. In the same vein, the African Group welcomes the twenty-first International AIDS Conference, held last July in Durban, South Africa, during which an eastern and southern African ministerial high-level meeting was held to adopt a road map to revitalize prevention. Those are clear demonstrations of our strong political will to strengthen ownership, accountability and partnership in the fight against HIV and AIDS.

It is the view of the Group that ending AIDS requires a local-population approach that responds to regional and national action plans that specifically

target those in the greatest need. The Group recognizes that poverty and unemployment aggravate HIV and AIDS. Ending AIDS requires progress in gender equality and the empowerment of women and girls through social protection measures, financial support and educational achievement among women and girls to reduce a woman's personal risk.

The AIDS epidemic continues to disproportionately affect sub-Saharan Africa, where adolescent girls and young women experience high vulnerability and risk and carry the burden of HIV and AIDS. According to the Secretary-General's report, eastern and southern Africa are home to half of the world's people living with HIV. In Africa, AIDS remains a leading cause of death among children, adolescents and young women of reproductive age. While southern and eastern regions of Africa have shown improvements, they are home to 42 per cent of all children who acquired HIV in 2014.

The African Group acknowledges the success of the Global Plan towards the Elimination of New HIV Infections among Children by 2015, while the Keeping Their Mothers Alive initiative galvanized global political will and national action. But in some instances, not all pregnant women have access to antiretroviral therapy or are being offered HIV testing. Western and Central African countries have the lowest treatment coverage. The African Group reiterates that the AIDS response must continue to build progress to eliminate mother-to-child HIV transmission during pregnancy, delivery and breast feeding. The Group reaffirms the need to improve prevention, diagnosis, treatment and strong surveillance systems, strengthen health systems and mechanisms and universal access to services, including increased access to early infant and paediatric diagnosis and treatment. Equally important is sexual health education related to HIV, so as to improve knowledge and responsible sexual behaviour among youth.

The Group is concerned that stigma and discrimination against people living with HIV and AIDS continue to prevail, which undermines an effective AIDS response. People living with HIV continue to face challenges in all regions of the world and punitive laws, policies and practices that violate human rights and maintain structural conditions that leave populations without access to HIV care services. In some instances, people with disabilities are at higher risk of HIV infection because they are vulnerable to violence, sexual abuse, stigma or discrimination.

While there are increasing numbers of people living with HIV in among older populations, many HIV services are not equipped to address the needs of an ageing population. Furthermore, displaced persons affected by humanitarian emergencies face heightened exposure to HIV vulnerability and have limited access to quality health care and nutritious foods. On the other hand, labour migrants, refugees and asylum-seekers living with HIV face discrimination from States that restrict their entry, enforce mandatory HIV testing or forcibly return them. Such punitive laws and practices undermine efforts to bring HIV treatment to all who need it. The African Group strongly appeals and urges that people living with HIV and AIDS should be treated fairly and equally and should be protected from stigma, discriminatory practices and related intolerance. The Group is thankful to States that have enacted laws and lifted travel restrictions on people living with HIV and AIDS. The Group is also grateful to States that offer employment opportunities and HIV treatment to migrants, refugees and asylum-seekers.

The African Group is concerned about the slow response to the need to address, in an integrated manner, the myriad related problems for which those living with HIV need health-care support, such as tuberculosis, hepatitis, sexually transmitted infections and food insecurity. We look forward to the upcoming high-level meeting on the fight against tuberculosis to be held in 2018, during which we hope to make bold commitments to overcome the situation.

The primary aspiration of Agenda 2063: The Africa We Want is to build a prosperous Africa, based on inclusive growth and sustainable development, where African people have a high standard of living and quality of life, sound health and well-being. Accomplishing that goal requires means and resources. Ending the AIDS epidemic by 2030 implies front-leading, diversified, reliable resources and reinforcing the fast-track response. We applaud the important step taken in September 2016 with the successful holding of the fifth Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Nevertheless, we call on donor countries to increase investment to bridge the remaining gap of $7 billion required to fulfil the target set in the Political Declaration.

Furthermore, the African Group calls for increased resources dedicated to an effective HIV and AIDS response, including the implementation of the Addis Ababa Action Agenda and official development

assistance to support national plans and strategies, as well as financing plans and joint multilateral efforts aimed at combating HIV and ending AIDS. The Group emphasizes the need for technology transfer, capacity-building, market access and support for flexibilities in the context of trade-related aspects of intellectual property rights, including by simplifying and strengthening health regulatory procedures.

We believe that zero new infections, zero discrimination and zero AIDS can be achieved by 2030 if emphasis is placed on high-quality education, prevention, advocacy, and access to affordable medicine and a strong health system, and if we are able to build peaceful and inclusive societies and promote and protect human rights. The Group underscores that universal access to HIV and AIDS treatment, care and support remain paramount in global response strategies and constitutes a fundamental human right.

Finally, the fight against HIV and to end AIDS by 2030 remains critical to achieving the goals set in the 2030 Agenda for Sustainable Development. Ending AIDS is at the core of Africa's agenda, but it is also a global aspiration that requires joint efforts and cooperation among all stakeholders.

Mr. Locsin (Philippines): I have the honour to deliver this statement on behalf of the States members of the Association of Southeast Asian Nations (ASEAN) — namely, Brunei Darussalam, Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, Singapore, Thailand, Viet Nam and my own country, the Philippines.

According to estimates from the Joint United Nations Programme on HIV/AIDS, in 2015 the HIV epidemic affected approximately 1.7 million people in the ASEAN region. The make-up of affected populations differs according to the epidemic's characteristics in each member State. It may include sex workers and their clients, people who inject drugs, men who have sex with men and the transgender population. Other populations — such as partners or spouses of key affected populations, migrant and mobile populations, children and youth, women and girls, people in correctional institutions and people in conflict- and disaster-affected areas — continue to be vulnerable. Addressing HIV and AIDS concerns is therefore integral to our vision for an ASEAN community and to achieving the 2030 Agenda for Sustainable Development.

Last September, the Heads of State and Government of ASEAN adopted the Declaration of Commitment on HIV and AIDS: Fast-Tracking and Sustaining HIV and AIDS Responses to End the AIDS Epidemic by 2030. The Declaration reaffirms ASEAN's commitment to the United Nations Political Declaration on HIV and AIDS: On the Fast Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030, particularly the commitment to work towards reducing the number of HIV infections to fewer than 500,000 per annum globally, as well as to eliminate HIV-related stigma and discrimination.

Under the Declaration, ASEAN will focus and target HIV/AIDS programmes for key affected populations and prioritized geographical areas, scale up and strengthen the coverage, reach and quality of a continuum of comprehensive, integrated packages of prevention, testing, treatment, care and support services, and pledge to ensure the achievement within ASEAN of the 90-90-90 treatment targets by 2022. The targets are for 90 per cent of people living with HIV to know their status, for 90 per cent of people living with HIV who know their status to receive treatment and for 90 per cent of people who are undergoing treatment to have suppressed viral loads. We must ensure that no one is left behind in the AIDS response and work towards a collective response characterized by equal access to high-quality services.

We must ensure prevention, treatment, care and support. No one should be denied such services because of HIV-related stigma and discrimination. We also sustain the ASEAN HIV/AIDS response by, inter alia, further strengthening the capacities of national and local Governments. We will also continue to invest in broad community participation, including non-governmental, civil society, community and key population networks and organizations, as well as religious leaders, faith-based organizations and businesses in the private sector.

The Organization has the commitment of ASEAN to actively work towards a shared vision of a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths. We stand ready to work with the United Nations and relevant parties in order to make that vision a reality.

I shall now make a statement in my capacity as the representative of the Philippines.

Every day, 28 people in the Philippines are diagnosed with HIV. Although the first cases of AIDS

in our country were reported in 1984, 80 per cent of the 41,000 diagnosed cases have occurred in the past five years. Victims come from all walks of life: people who engage in transactional sex, overseas Filipino workers and, tragically, youth, children and adolescents. We are facing an epidemic. We are therefore committed to the Political Declaration on HIV and AIDS. The Philippine development plan for the period 2017-2022 targets the reversal of the increasing trend of new HIV infections by 2022.

Conscious of the dire need to address the problem in an effective, inclusive and sustained manner, we have adopted evidence-based interventions and are ensuring the delivery of the best available care to all who need it, without discrimination of any kind, while ensuring that no one will be left behind and is mindful of the need to respect the human rights and dignity of all.

The population of the Philippines is very young, with a median age below 24 years. It is also very mobile. We are focusing our efforts on young people, many of whom were not yet born when the AIDS epidemic exploded as a public-health crisis in the 1980s. They are less aware of and less vigilant about the virus. Likewise, we pay particular attention to the vulnerabilities of migrants. With more than 9 million Filipinos living and working abroad, our migration policies seek to strengthen the ability of migrants to access health services, wherever they may be.

We are also ensuring access to quality treatment and prevention services, including affordable and quality antiretroviral drugs for people living with AIDS.

Funding is critical. We have doubled our national HIV programme's budget. We are also working intensively with regional partners, mainly the ASEAN Task Force on AIDS and the secretariat of the Joint United Nations Programme on HIV/AIDS, as well as the Global Fund to Fight AIDS, Tuberculosis and Malaria, to augment country programmes.

Finally, let us not forget the need to focus on cures, including the development of vaccines against HIV. Until that is realized, significant support will still be needed to assist developing countries in achieving the 90-90-90 targets through access to cheaper antiretroviral drugs, point-of-care tests and simplified monitoring protocols for those undergoing treatment.

The President: I now give the floor to the observer of the European Union.

Mr. Parenti (European Union): I have the honour to speak on behalf of the European Union (EU) and its member States.

The EU is fully committed to the inclusive implementation of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, adopted in June 2016, from a human rights and gender-responsive perspective, in line with the 2030 Agenda for Sustainable Development. In that context, it is of particular importance that no one be left behind. That commitment was reaffirmed in the communication on a sustainable European future, adopted on 22 November 2016.

Having subscribed to such a commitment, what is now important is acting and delivering real results on the ground. The time has come to scale up prevention and testing programmes and reach out to all people in need, including all key populations: men who have sex with men, people who inject drugs, sex workers, transgender people and prisoners. In that regard, it is time to also address social inequalities and social determinants in all our work on prevention, access to screening and care. We need to combine health instruments with social instruments and work together across health and social policies.

In doing so, we should not lose sight of the need to fight the stigma and discrimination associated with HIV and their negative effect on the quality of life of members of key populations, both among those not infected with HIV and those living with HIV. Data collected by the European Centre for Disease Prevention and Control show that stigma and discrimination, both within key populations and among health-care workers, negatively impact the uptake of HIV prevention, testing and treatment services. From that perspective, it is important for HIV programmes to support community organizations to develop and implement more effective approaches to reduce stigma and discrimination. In that context, the European Commission set up the EU HIV/AIDS Think Tank and Civil Society Forum in order to help with policy implementation and strengthen cooperation among countries, civil society and international organizations.

The European Union and its member States remain committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action

and the Programme of Action of the International Conference on Population and Development and the outcomes of their review conferences. The EU remains committed to sexual and reproductive health and rights. With that in mind, we reaffirm our commitment to the promotion, protection and fulfilment of the right of all individuals to have full control over, and decide freely and responsibly on, matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion or violence. We furthermore stress the need for universal access to quality and affordable comprehensive sexual and reproductive health information and education, including comprehensive sexuality education and health-care services.

EU-funded actions target the development of new tools or the improvement of existing ones, particularly diagnostics, vaccines and drugs, with an investment of about €201 million — €115 million for HIV/AIDS, €9 million for viral hepatitis or associated liver diseases and €77 million for tuberculosis. Of the investment on HIV/AIDS research, about €60 million is for the development of a preventive and/or therapeutic vaccine, and €26 million of the tuberculosis investment is for two projects on preventive vaccines.

Research results from those actions are expected to produce scientific evidence that is useful to public-health policies. HIV and tuberculosis are important considerations in the development of a new EU Commission communication and action plan to fight antimicrobial resistance, which is currently under preparation, and which is expected to include a strong research dimension. It is a joint initiative of health and research sectors.

It is also crucial to ensure that the global AIDS response architecture is adequately funded, including the symbiotic Joint United Nations Programme on HIV/AIDS (UNAIDS) — Global Fund partnership, through resource complementarity. UNAIDS has a critical role to play. Its unique model should be refined and reinforced so that it can continue to guide the global agenda and support countries as they adopt the fast-track approaches. UNAIDS should remain a pathfinder for United Nations reform.

Mr. Panayotov (Bulgaria): Bulgaria aligns itself with the statement just made by the observer of the European Union. I would now like to make a few remarks in my national capacity.

Bulgaria welcomes the report (A/71/864) of the Secretary-General and endorses the proposed multisectoral and multi-stakeholder approaches underpinned by the values of human rights, gender equality and sustainability that engage civil society with the aim of ending the AIDS epidemic by 2030.

Bulgaria is fully committed to the transformative and inclusive implementation of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, adopted last June, to leave no one behind, in line with the 2030 Agenda for Sustainable Development. As highlighted in the report of the Secretary-General, efforts should be made to reach all those most affected, most at risk of and marginalized due to HIV/AIDS, and those who face multiple and intersecting forms of discrimination. It is a matter of concern that gaps in the delivery of HIV prevention, testing and treatment services are largest in the populations that need them most, especially those subjected to fear, stigma and hate crimes due to their sexual orientation or gender identity. Much more needs to be done to strengthen prevention efforts with regard to youth, including by providing universal access to comprehensive sexuality education and confidential, non-judgmental services.

Bulgaria endorses the recommendation contained in the report that ending AIDS requires progress across the entire spectrum of human rights — civil, cultural, economic, political, social, sexual and reproductive rights. Respecting, protecting and fulfilling all the human rights of women and girls, accelerating the achievement of gender equality and eradicating all forms of gender-based violence and harmful practices should remain central at all levels of the response.

Bulgaria commends the Joint United Nations Programme on HIV/AIDS (UNAIDS) for its leadership and enormous contribution in supporting Member States, providing strategic direction and advancing the global agenda on ending the AIDS epidemic. Bulgaria is committed to the full and accelerated implementation of the UNAIDS 2016-2021 strategy and is supportive of the UNAIDS initiative for a grand prevention coalition. In accordance with the UNAIDS 90-90-90 treatment target, since June 2016 the Bulgarian Government has been providing sustained antiretroviral therapy to all newly diagnosed HIV-affected persons. UNAIDS is an important partner in all efforts at the national level to curb the growth of the infection and end the AIDS epidemic by 2030.

Over the past 10 years, with the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Bulgaria has established a large-scale HIV prevention programme as a unique partnership among Government authorities, medical institutions and civil-society organizations. A network of 50 non-governmental organizations (NGOs) and 35 preventive health centres has been established, as well as 19 centres for anonymous and free HIV testing, 17 mobile medical units and 18 youth clubs for peer education. In order to strengthen the established capacity and ensure the sustainability of results, the new national programme on HIV/AIDS, adopted in 2016, envisages Government funding for maintaining the network of medical services and for supporting NGOs working with key populations and persons at risk.

Bulgaria underscores the importance of integrated, holistic and high-quality service delivery that protects and fulfils the right to health of all. The Ministry of Heath of Bulgaria implements a consistent policy for the prevention and control of HIV/AIDS. In March 2017, the Bulgarian Government adopted the new national strategy on HIV and sexually transmitted infections for the period 2017-2020, which complies with international standards and political commitments at the global level. The main objective at the national level is to curb the HIV/AIDS prevalence to less than 1 per cent of the general population.

If we are to make AIDS history and achieve sustainable development for all, we must strengthen efforts to empower women and girls, young people, key populations and persons living with HIV, put an end to all forms of violence and discrimination and realize the human rights of all.

Ms. Mejía Vélez (Colombia) (*spoke in Spanish*): I thank you, Sir, for convening and organizing today's meeting. I also thank the Secretary-General for his report (A/71/864) and the very valuable recommendations it contains.

Today's meeting is taking place one year after the adoption of a political declaration aimed at stepping up the response to HIV in the coming years and embarking on a path to ending the AIDS epidemic by 2030, as part of the commitments made by States with the adoption of the 2030 Agenda for Sustainable Development. Colombia is aware of the major challenges that persist in the global fight against the epidemic. As mentioned today, AIDS remains a public-health and development challenge. The progress achieved is fragile — and as the President stated, almost bittersweet — and requires strong political commitment, meaningful international cooperation and long-term measures.

The epidemic in my country is concentrated, with a low prevalence of 0.47 per cent of the total population and prevalence rates exceeding 5 per cent in key populations. We must meet the challenge of increasing the quality of care for people receiving treatment, as only 63 per cent achieve an undetectable viral load. In the light of that problem, Colombia's response was initially framed by the Millennium Development Goals, the Declaration of Commitment on HIV and AIDS and last year's Political Declaration on HIV/AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030.

My country is committed to the 2030 Agenda for Sustainable Development, in particular Goal 3.3, which has already been included in Colombia's national development plan and in local and municipal plans, along with the necessary funding. We are also committed to achieving the 90-90-90 target by 2020, agreed to with UNAIDS, and have followed the recommendations of the World Health Organization. We also support the adoption of the combined prevention strategies.

As the report of the Secretary-General indicates, it is essential that the international community redouble its efforts to accelerate global progress in the fight against the epidemic. For that reason, Colombia believes that action should be focused on key areas, such as the social determinants of health; prevention, including treatment as a means of prevention; access to affordable, good-quality medicines; the inclusion of a rights-based approach in the fight against the epidemic; comprehensive sex education and research and development to optimize diagnosis and treatment and move towards a possible cure.

The stigmatization of and discrimination against people living with or affected by HIV are key determinants that most influence the vulnerability of people. They find it difficult to gain access to preventive or care services if, because of their sexual orientation or gender identity or the fact that they are living with the virus, their human rights are violated, they are rejected by family, work or educational environments, or their right to privacy in health services is violated. That is why the measures taken by Colombia are rights-based, so as to promote respect for human rights in

the community. Our country therefore recognizes that sexual and reproductive rights are inviolable human rights that must be recognized, promoted and protected for all people, without any discrimination. Similarly, people's sexual and reproductive health are vital to their physical, mental and social well-being, and services in those areas should therefore be accessible to everyone.

Finally, it is important to recognize that the fight against the epidemic poses important challenges for all States, particularly in the area of finance, and given that public-health resources are scarce and competing with other priorities, new international strategies are needed now more than ever, so as to accelerate the global response to HIV, including the transfer and distribution of technology on favourable terms, including concessional and preferential terms for developing countries. We believe that a great deal of work remains to be done, both nationally and internationally, and it is for that reason that Colombia reaffirms its political commitment to the fight against HIV/AIDS, in order to end the epidemic by 2030.

Mr. Joshi (India): India thanks you, Sir, for convening today's plenary meeting on the implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS.

We also welcome the statement made by the Deputy Secretary-General earlier today.

India thanks the Secretary-General for his report (A/71/864), which provides a detailed update on the global fight against AIDS to end the epidemic by 2030. The report recalls the global optimism leading to the adoption last year of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, and at the same time also highlights the critical challenges that threaten the momentum gained. We have taken note of the various recommendations of the report to address persistent issues including the investment gap, the slowdown in the rate of decrease of new HIV infections and the limited headway made on the first 90 of the 90-90-90 target framework. While domestic investment has climbed steadily in many countries, international funding remains crucial in order to reach funding commitments.

Harmonizing efforts to combat HIV/AIDS with the implementation of the Sustainable Development Goals (SDGs), particularly SDG 3, to ensure healthy lives and promote well-being for all at all ages, is essential in fulfilling the commitments made in the political declarations so far.

Access to safe, effective, quality and affordable medicines remains critical to combating AIDS; without it, we cannot contemplate putting 90 per cent of the people living with HIV on treatment. In that context, India remains committed to prioritizing SDG 17, on global partnerships in that area. The pioneering role of the Indian pharmaceutical industry in facilitating access to affordable antiretroviral drugs is widely recognized. More than 80 per cent of the quality antiretroviral drugs used globally are supplied by the Indian pharmaceutical industry. Government is closely engaged with the industry to ensure that the quality generic antiretroviral drugs from India continue to be available to all those who need it and, in that context, the flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights must continue and be strengthened.

India has been successful in achieving Millennium Development Goal 6 of halting and reversing the HIV epidemic by 2015. The fact that new infections declined by 66 per cent from 2000 and 2015, and AIDS-related deaths by 54 per cent from 2007 to 2015, is concrete proof that India has delivered on its global commitment.

India has always followed an all-inclusive approach while working with the most affected, high-risk and vulnerable populations. That success is based on exceptional dialogue and collaboration among Government, communities, people living with and affected by HIV, civil society and other relevant stakeholders. A key role is played by 1 million accredited social activists and more than 1.33 million anganwadi centres, which are courtyard shelters that cater to the health needs of persons residing in rural and difficult-to-access areas. India is now building on lessons learnt to redefine the national approach to reach the last mile in order to ensure a more effective, sustained and comprehensive coverage of HIV/AIDS response-related services.

The vision is that of paving the way for an AIDS-free India by attaining universal coverage of an HIV prevention, treatment-to-care continuum of services that are effective, inclusive, equitable and adapted to people's needs. The goals remain those of the three zeros — zero new infections, zero AIDS-related deaths and zero discrimination, which form the basis of the National HIV/AIDS Control Programme.

India is also working on two key decisions announced recently, in April, to end AIDS by 2030. The first is the enactment of the historic HIV/AIDS bill as a law protecting the human rights of people living with and affected by HIV. The provisions of the bill seek to address HIV-related discrimination, including in treatment, education and jobs. It strengthens the existing programme by bringing in legal accountability and establishing formal mechanisms for inquiring into complaints and redressing grievances.

Secondly, we have announced and implemented a test-and-treat policy, in line with global guidelines, whereby all persons living with HIV will be offered antiretroviral treatment irrespective of their CD4 count/clinical stage. More than 10 lakh people living with HIV are on antiretroviral treatment in India. In order to ensure that 90 per cent of persons living with HIV are on treatment, around 21,000 HIV counselling and testing centres, 1,500 targeted interventions and 1,635 treatment facilities have been established. To achieve the 90-90-90 targets, India has significantly increased domestic resource allocation for HIV, and 62 per cent of all funds are through the domestic budget.

Mr. Sisilo (Solomon Islands), Vice-President, took the Chair.

High-risk groups, children, women, young people and persons living with HIV/AIDS must be the focus of those targeted interventions, which are contained in the commitments of the Political Declaration on HIV/AIDS. Affected persons need to live a life of dignity, free of stigma and discrimination. The role of family and communities is important to provide an enabling environment and contribute to the fight to eliminate the epidemic. We agree with the Secretary-General's report that each region has a unique challenge to address. In that context, interventions on HIV/AIDS must be in tune with national laws, cultural and social contexts.

Capacity-building and technology transfer for developing a robust and affordable health-care system in developing countries will help to fast-track the efforts to eliminate the epidemic by 2030. Combating HIV/AIDS and implementing the targets requires a sustained commitment of resources, and the international community and donors must continue their support wholeheartedly.

Mr. Lauber (Switzerland): I am pleased to deliver this statement on behalf of Zambia and my own country, Switzerland.

Before I begin, I would like to recognize the presence of Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and to thank him for the excellent work and tireless efforts that he and his team have undertaken in Geneva, New York and around the world.

We thank the Secretary-General for his comprehensive report (A/71/864). We are very pleased to hear his acknowledgement of the vast and rich experience gained with the AIDS response.

Innovation is crucial, but building on good practices is important, too. The AIDS response has produced significant experience in working across different sectors. That is an indispensable requirement if the Sustainable Development Goals are to be achieved by 2030, and it is an experience that should inspire policy-making and programming on other issues.

The UNAIDS Joint Programme has been working systematically across the United Nations system with the sponsoring organizations for more than 20 years. We are convinced that it can be a model for a coherent and integrated system-wide response — the kind that needs to be taken into account in the ongoing discussions on the reform of the United Nations system. It will be equally important to put the recommendations set out in the report of the Global Review Panel on a revised and strengthened UNAIDS operating model in the context of wider United Nations reform.

Switzerland was proud to co-facilitate the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight Against HIV and to Ending the AIDS Epidemic by 2030 last year, together with Zambia. The document clearly laid out the strategic direction for the coming years. If the AIDS epidemic is to be eliminated as a public-health threat by 2030, fast track is the key. That is also the strategic direction adopted by such important technical and funding partners as UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The strategies are clear. It is now a matter of keeping the promise; it is a matter of implementation.

We would like to underline six points that we consider to be particularly relevant: first, a balanced approach between prevention and treatment, with a continued focus on primary prevention; secondly, ensuring that human rights and gender equality are at the centre of any action; thirdly, an evidence-based approach in order to focus on location and population

where needs are highest, while ensuring that no one is left behind; fourthly, the need to take AIDS out of isolation, whereby the AIDS response proactively contributes to strengthening health systems and achieving universal health coverage, which also means strategically and efficiently linking funding for HIV/AIDS with broader health-system issues; fifthly, the importance of addressing determinants of HIV/AIDS, within and beyond the health sector; and, last but not least, a multi-stakeholder approach that includes the United Nations, civil society, academia, the private sector and other important partners.

Mr. Ntwaagae (Botswana): Allow me to join other delegations in sincerely commending President Thomson for convening today's review meeting.

My delegation aligns itself with the statement delivered by the representative of the Gambia on behalf of the Group of African States.

My delegation also welcomes the Secretary-General's comprehensive report (A/71/864), as well as the statement delivered during the opening segment of today's meeting by the Deputy Secretary-General.

Allow me to seize this opportunity to acknowledge the presence in the Hall of the UNAIDS Executive Director, Mr. Michel Sidibé, and to pay tribute to him and to the members of his team for their commitment and leadership.

Botswana attaches great importance to today's review meeting because it provides an opportunity to review initiatives that have been adopted in the fight against HIV/AIDS over the years, pursuant to the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. Such initiatives include the 90-90-90 initiative, which aims to drastically reduce new HIV/AIDS infections and end the AIDS epidemic by 2030.

Botswana continues to place the utmost priority on the fight against HIV/AIDS, as reflected in our current National Development Plan 11 and our national Vision 2036. Those are our two blueprints for national development planning and implementation, which are also aligned to the 2030 Agenda for Sustainable Development and Africa's Agenda 2063.

In that regard, as a country we have intensified our national AIDS response by introducing a number of interventions. They include the prevention of mother-to-child transmission and the provision of antiretroviral therapy programmes, which were introduced as far back as 1999 and 2002, respectively. We have also simultaneously intensified public education aimed at addressing the issues of discrimination and stigmatization. As recently as 3 June 2016, our President launched the national TreatAll Strategy, through which health facilities provide antiretroviral drugs to all individuals diagnosed with HIV/AIDS, irrespective of their CD4 cell count. In addition, Botswana adopted a strategic mix of HIV testing services approaches to increase access to HIV/AIDS testing in order to meet the first 90 of the 90-90-90 UNAIDS targets, which currently stands at 70.7 per cent.

Through those programmes and strategies, more than 90 per cent of our HIV/AIDS-positive people have access to antiretroviral drugs. We are proud to be one of the few African countries that have achieved universal access to HIV/AIDS treatments. The prevention of mother-to-child transmission programme has significantly lowered the national mother-to-child transmission rate to as low as 0.9 per cent in 2016, and the country is well on track towards ending AIDS by 2030. Those achievements have been realized through the support and partnership of our development partners, civil society and the private sector, including the United Nations system, for which we are very grateful.

Botswana recognizes that HIV/AIDS remains a global threat to public health and that it should continue to be a priority in the implementation of both the 2030 Agenda and the African Union's Agenda 2063. Having made the progress that we have made, we should try to maintain what we have achieved to date and avoid a reversal of the gains we have made by honouring our commitments as members of the international community. In order to ensure that we leave no one behind and control the epidemic, Botswana will embark on the implementation of a programme targeting most-at-risk populations during the 2017-2018 period.

In conclusion, I wish to reaffirm Botswana's continued commitment to reversing the HIV/AIDS trajectory with a view to achieving zero new HIV/AIDS infections and zero HIV/AIDS-related deaths by 2030.

Mr. Wenaweser (Liechtenstein): At the outset, I would like to thank the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Michel Sidibé and his

team for their incredible leadership in fighting the HIV/AIDS epidemic.

For over three decades, that epidemic has caused immense suffering throughout the world and has had a devastating impact on development and human rights. Although the progress that has been made is promising, the epidemic continues to outdo our response as we risk failing to realize universal access to prevention, treatment, care and support for people affected by HIV/AIDS. As recently as in 2015, we agreed to fast-track our response by increasing and front-loading investments and massively scaling up coverage of HIV services so as to reduce the rate of new HIV infections and AIDS-related deaths.

Our efforts are undermined by a number of national and international barriers, including legal, financial, social and cultural ones. Also in 2015, we committed ourselves to ending the AIDS epidemic by 2030 in the 2030 Agenda for Sustainable Development. Only a comprehensive strategy that addresses all dimensions of that complex phenomenon will enable us to deliver on our commitments.

HIV/AIDS has a health, a sustainable development and a human rights dimension. It is encouraging that a number of countries have helped to destigmatize people affected by HIV/AIDS — for example by lifting related travel and residence restrictions or ending the criminalization of HIV transmission. Simultaneously, we are alarmed about the continuing legal and factual discrimination in many countries. The fact that homosexuality is still criminalized in almost 80 countries remains an obstacle to effectively addressing the epidemic. The economic and social marginalization of groups at higher risk of HIV infection, such as people who inject drugs, sex workers, prisoners, transgender people and men who have sex with men, often prevent them from fully enjoying their fundamental freedoms and human rights — above all, the right to health.

A suitable response to HIV/AIDS must necessarily address and fully recognize all fundamental elements of HIV risks and vulnerabilities. Women and girls are still disproportionally vulnerable to the epidemic, and their particular situation must be taken into account. In that context, granting them access to sexual and reproductive rights and health services has proved successful in preventing HIV/AIDS and contributes especially to the elimination of mother-to-child transmission. However, neither the recognition of their rights nor the availability of health services is universal. National and international policies should therefore further focus on reducing disenfranchisement and marginalization, as well as on the empowerment of women and girls.

In addition, our global commitments are not consistently translated into additional investment and action on the ground. Financing has decreased, and progress on reducing HIV infections among adults has slowed. The headway made on the first 90 of the UNAIDS 90-90-90 target — ensuring that 90 per cent of all people living with HIV know their status — is limited and threatens to reduce progress across the continuum of HIV testing and treatment services. Innovative tools and strategies, such as community-based HIV testing models, self-testing and viral load testing, are underutilized.

In conclusion, let me express our full support for the recommendations made by the Secretary-General in his latest report (A/71/864) and commend UNAIDS once again on its tireless work to translate our commitments in the 2011 Political Declaration on HIV and AIDS, the 2030 Agenda for Sustainable Development and other documents into reality. It is of the utmost importance to further increase political will and investment, both domestically and internationally, in order to maintain our momentum.

Liechtenstein remains committed to that endeavour, both politically and financially. We will continue to support HIV/AIDS-related projects by UNICEF, the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, and others, with a priority on prevention and vulnerable groups, especially children and young people. We cannot stress the importance of HIV prevention enough, especially through increasing knowledge about HIV/AIDS starting at an early age, as we believe it to be the basis for a long-term strategy with sustainable results.

Mr. Gertze (Namibia): May I also join others in welcoming Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), a man who is fast becoming more familiar with Namibia than I am.

Namibia aligns itself with the statement made on behalf of the Group of African States and joins others in thanking the President of the General Assembly for convening this important meeting. We also welcome the comprehensive report of the Secretary-

General (A/71/864) and, in particular, appreciate the recommendations contained therein.

A review of the Political Declaration on HIV and AIDS is important to hastening the end of the HIV and AIDS epidemic by 2030. We must never forget the devastating impact that the epidemic has had on the lives of millions on our planet. Member States have the responsibility to ensure that we do not lose any of the gains made over the past few years. The UNAIDS 90-90-90 target strategy should continue to serve as a foundation for action across a range of diverse stakeholders, and concerted efforts must be made to ensure that we reach those targets by 2020.

Namibia remains one of the countries most affected by the HIV crisis, with a general prevalence rate of 14 per cent, which is a marked improvement from the 18 per cent level of 2010. Our key population of those most at risk is young women and adolescent girls, who are at higher risk of contracting the virus than young men. That is due to various factors, among them a lack of sexual and health education and limited access to resources.

However, Namibia has mounted an aggressive and tireless campaign in combating HIV and AIDS. Since 2002, when the national antiretroviral therapy programme was rolled out, the Government has systematically addressed the challenges of HIV and AIDS. Intervention areas include social and behaviour change communication, HIV counselling and testing, condom marketing and distribution, voluntary medical male circumcision, prevention of mother-to-child transmission and post-exposure prophylaxis. In 2012-2013 the Government contributed 55 per cent of the total expenditure to HIV and AIDS, and by 2013-2014 that contribution had increased to 64 per cent. The Namibian Government is clear about its commitment to addressing HIV and AIDS. Spending is targeted at general intervention, so that, for example, Namibia increased the dispensing of antiretroviral therapy from 10 facilities in 2002 to 271 in 2016.

As data should be at the heart of any HIV response, Namibia is currently conducting an 18-month population-based HIV-impact assessment, with the support of our bilateral partners. We aim to examine the current distribution of the HIV epidemic and to assess the impact of Namibia's prevention, care and treatment response across all 14 regions of Namibia. I would note that Namibia is about the size of Germany and France put together, with the second-lowest population density in the world. As such, reaching people in remote areas is extremely challenging.

Following the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, Namibia held its first AIDS conference in December to highlight its challenges and to recognize our achievements. We are proud of the progress in our HIV response — demonstrated by the fact that 96 per cent of all babies born to HIV-positive mothers are now being born HIV-negative. That is thanks to our strategy of testing all pregnant mothers who, if HIV-positive, are promptly started on mother-to-child prevention regimens, irrespective of their CD4 cell count. We aim to become the first country in Africa to eliminate mother-to-child HIV transmission and believe we will achieve that well before 2030 if we remain supported by our international partners.

Since the adoption of the 2016 Political Declaration, Namibia has enjoyed a reinvigorated relationship with UNAIDS and our bilateral partners. An example of that is the appointment of Ms. Monica Geingos, First Lady of Namibia, as the UNAIDS Special Advocate for Young Women and Adolescent Girls. In that capacity, Ms. Geingos has used her platform to reach out to young people globally by creating the #BeFree movement. #BeFree was inspired by the UNAIDS drive towards an AIDS-free generation by 2020 through the Start Free, Stay Free, AIDS Free initiative. While HIV remains a focal point, the intention of #BeFree is to create a non-judgmental, inclusive platform that encourages honest and robust dialogue and information-sharing, through ways and means that young people can understand and use. That means that our First Lady is active on Facebook, Twitter, WhatsApp and a myriad of other social networks in order to engage directly with young people.

In conclusion, Namibia remains fully committed to the Political Declaration on HIV and AIDS. Our lives depend on that commitment.

Mr. Fernandez Valoni (Argentina) (*spoke in Spanish*): It is an honour for Argentina to take part in this debate, almost a year after the high-level General Assembly meeting on HIV/AIDS, at which resolution 70/266 — containing the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by

2030 — was adopted. Under that resolution, Member States reaffirmed our commitment, as reflected in the 2030 Agenda for Sustainable Development, to accelerating the fight against HIV and ending the AIDS epidemic by 2030.

Argentina actively participated in the negotiation of the Declaration, promoting the inclusion of progressive language on key populations; sexual and reproductive rights; comprehensive sexuality education; a human rights approach; gender equality and the empowerment of all women and girls; strengthening public health care; financing and access to medicine. In that context, we thank the Secretary-General for the publication of the report entitled "Reinvigorating the AIDS response to catalyse sustainable development and United Nations reform" (A/71/864), and strongly support and endorse its recommendations.

Argentina recognizes and appreciates the tremendous progress made by the international community as a whole, and by certain States in particular, in the fight against the HIV/AIDS epidemic over the past 16 years. That progress resulted from coordinated, financed and cooperative action, coupled with the firm political will of all relevant global actors. It must guide our efforts over the next 13 years in our pursuit of the ultimate goal — to end the HIV/AIDS epidemic globally. In that regard, we consider it vital to solidify the commitments and progress achieved to date and are convinced that this is a key moment in our path towards the final goal. It is time to reaffirm and redouble our commitment, our political will and our resources to embark on the final stretch of our comprehensive strategy to end the epidemic. Under no circumstances should we let our commitment to the process wane in the light of the gains we have made so far.

Regarding the implementation of the 2016 Political Declaration, we firmly and resolutely support a human rights and gender approach in the fast-track strategy to end the epidemic. In that connection, we will continue to promote the full implementation of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Strategy 2016-2021, as well as the scope of the 90-90-90 targets for 2020. We are convinced that the respect, promotion, protection and full enjoyment of all women's and girls' human rights — including their sexual and reproductive rights, as well as gender equality and empowerment — are essential to achieving the ultimate goal of putting an end to the epidemic.

HIV/AIDS continues to be a global health emergency and a priority challenge for the development, progress and stability of our societies. It requires an exceptional and broad global response that understands that the spread of HIV is often a cause and a consequence of poverty and inequality. The protection of the rights and sexual and reproductive health of young people and adolescents, comprehensive sexuality education and access to quality medicine and health services are key to any effective action to prevent and combat the epidemic. Universal access to health coverage and social protection systems, early initiation of antiretroviral treatment and universal access to such treatment are also critical to the inclusion, integration, protection and treatment of people living with HIV/AIDS.

In that sense, access to quality, affordable medicines is a sine qua non for ending the epidemic. To that end, the international community as a whole, States, the private sector, academia and civil society must step up their efforts, financial resources and cooperation in technology transfer and investment in research and development in order to achieve that goal.

At the national level, our HIV response is coordinated, with the involvement of multiple actors from different sectors of national life, including civil society, people living with HIV and key populations. As part of the national response, Argentina has developed and bolstered its public policy of prevention and access to both diagnosis and treatment. That response has become a State policy, financed exclusively through our national budget. Argentina guarantees the availability of antiretroviral treatment and access to HIV testing and diagnosis in a universal, free and confidential manner.

In conclusion, we reiterate our firm support for the work of UNAIDS and the full implementation of its programmes and strategies. We call for all necessary resources to enable it to carry out its mandate in pursuit of the ultimate goal of ending the HIV/AIDS epidemic by 2030.

Consistent with the Leave No One Behind commitment of the 2030 Agenda, we firmly believe in the need to adopt a transformative and inclusive approach for everyone — women, children, adolescents and young people, and key populations in the HIV/AIDS epidemic, particularly people who use drugs, sex workers, gays and men who have sex with other men, transgender people and people in prison and other closed settings — who are particularly vulnerable not

only to the virus itself, but also to multiple forms of discrimination, stigmatization, violence and exclusion for reasons such as age, race, religion, disability, economic status, sexual orientation, gender identity and others. Only in that way can we honour the commitment under the 2030 Agenda to ending the AIDS epidemic within the next 15 years. We must strengthen our awareness of the need to consolidate our gains and redouble our efforts, without hesitation, in order to be able to help all those living with the virus or who are in situations of greater risk because of it, without leaving anyone at all behind. Accelerating the fight against HIV and ending AIDS will be our legacy for present and future generations.

Mr. Vieira (Brazil): This annual plenary meeting is of crucial importance, since it is the main occasion for member States to jointly review the implementation of the Declaration of Commitment on HIV/AIDS and its subsequent political declarations.

It is encouraging that, one year after the adoption of the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, we will have the opportunity to review the implementation of Sustainable Development Goal 3.3 at the next high-level political forum. Brazil will join that effort as one of the 44 countries presenting a voluntary national review.

My delegation commends the Secretary-General's report, entitled "Reinvigorating the AIDS response to catalyse sustainable development and United Nations reform" (A/71/864). It is an important guide to what we still have to accomplish in order to achieve our main goal of ending the AIDS epidemic by 2030. My delegation fully subscribes to the Secretary-General's recommendations for strengthened joint action by countries, civil society, international donors, the United Nations system and other key partners as we approach the deadline for the 90-90-90 strategy. It is fundamental to ensure that we interlink the future of our AIDS response with the Secretary-General's United Nations reform efforts. The results of such reforms must be translated into concrete actions on the ground.

For Brazil, any AIDS response must be based on three pillars: promoting the human rights of people infected with HIV/AIDS, universalizing access to prevention and treatment, and ensuring the availability of the necessary national and international resources. Brazil welcomes the commitments to fast-tracking the response to the AIDS epidemic, agreed at the General Assembly's 2016 high-level meeting on ending AIDS. That meeting also made history by shifting the focus to key populations — a key step towards reaching the paramount goal of leaving no one behind.

Countries and regions must be able to respond to specific patterns of the epidemic. The Governments of countries with a high prevalence of HIV need to adequately focus on the needs of populations that are at higher risk of infection. In Brazil, for example, there is a high HIV incidence among people who use drugs and young men who have sex with men. Furthermore, the response will be lacking if we do not act with a gender perspective, providing comprehensive information, voluntary counselling and testing to young women and adolescent girls.

Over the past 30 years, Brazil has made significant advances in that field thanks to our national public health system, which guarantees universal access to treatment and diagnosis. Brazil's Ministry of Health has endeavoured to consolidate a combination prevention strategy in the country. A few years ago, Brazil was a pioneer in the adoption of a treatment as prevention approach that recommended antiretroviral therapy regardless of viral load count. I am glad to announce that pre-exposure prophylaxis incorporation has now been approved as a national public policy.

Today, since approximately 500,000 people benefit from antiretroviral therapy in my country, we have reached the goal of increasing the proportion of people living with HIV/AIDS who have been receiving treatment and have a suppressed viral load to at least 90 per cent. I also want to stress that the participation of civil society in designing and implementing HIV/AIDS programmes is a pivotal tool for the inclusiveness and effectiveness of Brazilian public policies. Since the costs involved in universalizing the response are challenging, it is necessary to emphasize the importance of creating mechanisms to reduce the price of therapy. The imperative of public health must always prevail over commercial interests.

It is important, therefore, to highlight the role played by the public health flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights. Its full implementation, as agreed upon in the Doha Declaration and the World Health Organization Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, is a powerful and

effective tool for reaching universal access targets. As there is so much still to be done, especially in developing countries, we call upon the developed nations to keep their commitments to maintain and expand their pledges and international cooperation with a view to the fulfilment of our collective challenges.

We must acknowledge that the international institutional framework for HIV/AIDS response is much more sophisticated and efficient nowadays than it was in the past. The action of innovative mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Global Alliance for Vaccines and Immunization; the Drugs for Neglected Diseases initiative; and the International Drug Purchase Facility have a big impact, particularly in low-income countries, helping overcome institutional and market failures that prevented lower prices and, consequently, access to medicines. In that regard, we must carefully follow up last year's United Nations high-level meeting on antimicrobial resistance and guard against setbacks in access to treatment of AIDS and other infectious diseases.

Concerning antimicrobial resistance, I want to make reference to tuberculosis, which remains one of the main causes of death among people living with AIDS. Tackling antimicrobial resistance means saving human lives, in particular those of the most vulnerable. In that regard, Brazil's health authorities look forward to participating in the high-level meeting on the fight against tuberculosis, to be held in 2018.

The way Brazil has been dealing with HIV/AIDS would not be possible without the cooperation of third parties. I take this opportunity to recognize the key role that UNAIDS, under the leadership of Mr. Michel Sidibé and his team, has been playing in assisting Member States in the fight against the HIV/AIDS epidemic over the past 20 years. I also want to congratulate Mr. Tedros Adhanom on his recent election to Director-General of the World Health Organization. He has our full support to keep up the momentum in the fight against HIV/AIDS and to continue the significant work led by Ms. Margaret Chan in the field.

Finally, we must bear in mind that the framework provided by the 2030 Agenda gives us a unique opportunity to end the AIDS epidemic in our generation. We cannot miss the major chance at hand. The Organization can count on Brazil.

Ms. Loe (Norway): Our global achievements give us hope for the future. However, AIDS is not over. Now is the time to move forward across all sectors in order to ensure that all children start their lives free of HIV, grow up and stay free of HIV and that treatment becomes more accessible so that everyone stays free of AIDS.

Global health, including HIV, has been a long-standing priority for Norway. Together with education and gender equality, it ranks at the top of our development agenda. Norway supports the five key recommendations of the Secretary-General and would like to highlight a few important points.

The principle of the Sustainable Development Goal of leaving no one behind means ensuring that discrimination and criminalization do not create obstacles for effective interventions. We cannot accept the possibility that the HIV epidemic can keep growing among key populations, such as men having sex with men and people who inject drugs. The evidence shows that strengthening the approach to human rights is not only ethically sound, but also that it leads to better, more sustainable results.

Women's and adolescents' sexual and reproductive health and rights are being challenged. Therefore, Norway is fully behind the She Decides initiative. The right of women and young people to have control over, and make decisions about, their own sexuality and body is crucial for their health and gender equality, as well as for fighting poverty and ensuring sustainable development.

HIV persistently and disproportionately affects young people. Girls in sub-Saharan Africa are facing a triple threat: a high risk of HIV infection, low rates of HIV testing, and poor adherence to HIV treatment. Education is one of the most powerful ways of improving people's health and of making sure that the benefits are passed on to future generations. Comprehensive sexuality education is key. Taking AIDS out of isolation remains an imperative if we are to achieve our targets. For Norway, the mission of the Joint United Nations Programme on HIV/AIDS (UNAIDS) remains important. We need to ensure that UNAIDS continues to deliver critical results despite the situation of budgetary constraints and increased insecurity of funding.

Last week, Norway had the pleasure, together with Sweden, to introduce an important draft resolution in the Commission on Crime Prevention and Criminal Justice in Vienna on a very important topic that has

not been addressed before, namely, the prevention of mother-to-child transmission of HIV in prisons. We know that the female prison population is rising around the world, that the women are generally young adults, and that the rate of incidence of HIV in those women is much higher than it is for women who are outside prison. Many children are, unfortunately, born in prisons, and there are no systems in place to prevent the transmission of HIV or monitor the transmission in those cases.

In the draft resolution, the United Nations Office on Drugs and Crime, together with the World Health Organization, the UNAIDS secretariat and others are asked to collect data on the status for HIV transmission from mothers to children in prisons, and on the provision of services. Additionally, it offers guidelines on how to implement the prevention of mother-to-child transmission in prisons and provide technical support to countries. We need to guarantee the successful prevention of vertical transmission and to ensure that the work towards the elimination of such transmissions is also happening in prisons around the world. We therefore urge UNAIDS to implement the important draft resolution and urge donors and Member States to provide funding for such programming.

In conclusion, we will not be able to achieve either the Sustainable Development Goals or implement the UNAIDS strategy without involving communities and groups with shared goals and challenges. We should work together to overcome the barriers.

Ms. Mwangi (Kenya): I thank President Thomson for convening today's meeting and for giving us the opportunity to speak on the implementation of the Declaration of Commitment on HIV/AIDS and to share our thoughts on reinvigorating the AIDS response in order to catalyse sustainable development. We welcome the Secretary-General's report (A/71/864) and take note of the recommendations therein.

Kenya aligns itself with the statement delivered by the representative of the Gambia on behalf of the Group of African States.

In June 2016, Member States came together and agreed on a fast strategy to end AIDS by accelerating the fight against HIV and ending the AIDS epidemic by 2030. This goal is in line with the 2030 Agenda for Sustainable Development, which mandates us to ensure health and well-being for all. Progress has been made, but regrettably we continue to see new infections, and, as noted by the Secretary-General in his report, financing for the response has flatlined and progress on reducing new HIV infections among adults has stalled.

Girls and women continue to bear the brunt of the AIDS epidemic, and in sub-Saharan Africa girls account for 75 per cent of new HIV infections among people between the ages of 15 and 19. That is an indication that adolescents and young people have not effectively realized benefits commensurate with the significant investments that have been made in the provision of HIV services, including prevention, care and treatment. We need to do more.

Kenya is a country burdened with HIV, with an estimated 1.5 million people living with the virus. Our data estimates from 2015 indicate that there were approximately 77,647 new HIV infections, 71,000 of which were among adults, of whom 55 per cent were adolescents and young people aged 15 to 24. The prevention of new infections among adolescents and young people therefore remains paramount to the country's management of the epidemic. To deal with the scourge, Kenya has adopted a data-driven and multisector HIV response to rally the resources of different Government agencies, communities and stakeholders towards the common goal of accelerating access to services to young people and the most vulnerable, while recognizing those demographics as priority populations for the HIV response.

Kenya has a devolved system of Government and is divided into 47 counties for effective governance and service delivery to the people. Kenya, with the assistance of its partners, has profiled the status of the HIV epidemic in each of the 47 counties of Kenya. The purpose is to effectively support county Governments and to facilitate their planning, implementation and monitoring of the HIV response by using a location-population approach in order to address the unique sets of challenges faced by each county. The Government also launched a fast-track plan to end new HIV infections and AIDS-related deaths among adolescents and young people in September 2015. The plan provides an implementation framework for counties, sectors and stakeholders to ensure that high-impact interventions reach the prioritized target populations of adolescents and young people in prioritized locations.

The Kenya AIDS Strategic Framework for the period 2014-2019 is aligned with the 2030 Agenda,

Agenda 2063, the African Union's goals on HIV control and our development blueprint, Kenya Vision 2030. The framework outlines an innovative, leverage-funding approach based on the implementation of the HIV fund that aims to increase resources and access to universal health care for those living with HIV and, ultimately, to subsidize Kenya's future liability for HIV prevention and treatment.

HIV-related stigma remains a significant barrier to many young people accessing HIV counselling and testing, as well as lifesaving HIV treatment. In 2015, the President of Kenya, Mr. Uhuru Kenyatta, launched the All In initiative to end AIDS in adolescents. The initiative focuses on mobilizing and empowering youth as agents of change and encourages their participation in decision-making processes in HIV/AIDS-related programmes. It also aims to improve data collection for informed decision-making and encourages innovative approaches to enable adolescents access essential HIV services.

Last year, Kenya reaffirmed its commitment to ending HIV-related stigma and discrimination with a new national campaign, entitled Kick out HIV Stigma. The campaign aims to engage Kenyan youth through county football leagues, leveraging the power of football to mobilize young people to end HIV stigma and link them to stigma-free HIV testing, treatment and care.

We are encouraged that mother-to-child transmission rates fell from 16 per cent in 2012 to 8.3 per cent in 2015. That was due to increased access to antiretroviral therapy by pregnant women, from 56 per cent in 2012 to 75 per cent in 2015. Despite those gains, progress in mother-to-child transmission is still uneven across counties, and we are hoping that the HIV county profiles can assist in reaching every pregnant woman and move towards zero transmission.

Kenya has also developed the second elimination of the mother-to-child transmission framework to cover the period 2016 to 2021, with the goal of sustaining coverage of HIV and syphilis testing at 95 per cent. Other goals including keeping rates of use of antiretroviral therapy among HIV-positive, pregnant and lactating women to at least 95, maintaing absolute neutrophil counts of at least 95 per cent, reducing mother-to-child transmission rates to less than 5 per cent and lowering new syphilis cases transmitted from mother to child to fewer than 50 per 100,000 live births.

We are happy to report that the annual number of deaths from AIDS in adolescents and young people in Kenya has fallen from 9,000 to 4,000 over the past three years. That decline has been due to the fast-track plan for ending HIV in adolescents, which has enrolled over 40,000 young learners in antiretroviral programmes. The Government is investing in research and encouraging young people in decision-making, as well as getting them involved in research undertakings.

As noted in the Secretary-General's report,

> "Achieving the strategic milestones and targets that we committed to in the 2016 Political Declaration will not be possible if the status quo is maintained. AIDS is far from over and stubborn challenges stand in the way. Our efforts to close gaps must ensure that no one is left behind by empowering people who have been pushed to the margins of society, protecting human rights and delivering services to all in need" (*A/71/864, para. 12*).

We support the call of the Secretary-General to support the efforts of the Joint United Nations Programme on HIV/AIDS (UNAIDS) to refine and reinforce its Joint Programme model so that it can remain a pathfinder for United Nations reform, lead efforts to take AIDS further out of isolation and support countries to fast-track their AIDS responses.

High-burden countries like Kenya cannot achieve those strategic milestones and targets without cooperation and dedicated support from partners. In that regard, we want to recognize the Global Fund to fight AIDS, Tuberculosis and Malaria, the United States Centers for Disease Control and the President's Emergency Plan for AIDS Relief. They have been our partners in aligning investments to scale up interventions that are most effective in the areas and populations with the highest burden of HIV/AIDS.

We also want to thank UNAIDS and UNICEF for their continued support in our fight against HIV/AIDS. We call on Member States to commit to closing the $7 billion investment gap that is required to end AIDS and to achieve the Sustainable Development Goals.

Mr. Grant (Canada) (*spoke in French*): Canada takes great pride in its support for the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, including the strategy for

acceleration of the Joint United Nations Programme on HIV/AIDS (UNAIDS). We reaffirm our determination to attain the goals and targets that are spelled out therein. We welcome with satisfaction the Secretary-General's report. We are grateful to the Secretary-General for having underscored those areas where we must step up our efforts and those areas where we must focus our resources.

(*spoke in English*)

We are concerned that in recent years, despite increased investment, there has been little progress in terms of mortality and incidence rates, which have been stagnating. We believe that to be a signal that we need to innovate and do better. We will need to develop and scale up not only new tools and technologies, but also new approaches to reaching key and vulnerable populations with prevention programmes, testing and treating and retaining those in care.

To do that, we must improve our ability to reach marginalized and vulnerable populations, particularly adolescents, a group that, in the context of HIV/AIDS, is poorly understood and challenging to reach. As a consequence, they are at significant risk. Another area where we will need to do more is how we work to empower women and girls. We welcome the strong focus placed in the report on this issue and the approaches that it proposes. Women and girls are more than just beneficiaries. They are also agents of change in their families and in their communities. Their leadership potential must be fully realized and integrated in our response. We also need to do better in reducing mortality from tuberculosis (TB), the leading cause of death among people living with HIV. We need to step up efforts against TB by building on the success we are seeing in countries like India. Those experiences have shown us the necessity and effectiveness of actively reaching out in communities to find the missing cases and place them on treatment. That is why we invite all partners to renew their engagement and investments in the fight against TB.

(*spoke in French*)

In order to achieve the ambitious goals outlined in the Secretary-General's report, we must closely monitor our progress and seek to ensure that all are held accountable for upholding their individual and collective commitments to eliminate the threat of HIV/AIDS to public health by 2030. Today's meeting is an important step forward. As agreed in the 2016 Political Declaration, we shall continue to count on UNAIDS to assist Member States by, among other things, bolstering accountability mechanisms and facilitating the participation of all stakeholders in the achievement of results.

We welcome the call for improved and strengthened methods of functioning for United Nations aid within the framework of broader efforts to accelerate reform within the United Nations. Canada in particular should like to ensure that UNAIDS is positioned to assist States in optimizing the resources of the Global Fund to Combat AIDS, Tuberculosis and Malaria.

(*spoke in English*)

I would simply like to say that the fight against HIV/AIDS requires, more than ever, continued collective leadership if we are to achieve our ultimate goal of ending AIDS by 2030.

Mr. Iliichev (Russian Federation) (*spoke in Russian*): We thank the Secretary-General for his report (A/71/864), which provides ample food for thought about ways to step up efforts to counter the spread of HIV and support its carriers. We welcome the recent results achieved in combating HIV, including expansion of the scaled application of antiretroviral therapy, the reduction of AIDS-related mortality and the reduction of new incidence of infection. Such progress gives hope for the elimination of AIDS by 2030, as set forth in the 2030 Agenda for Sustainable Development.

We believe that the determination of the trajectory of our future action must be based on a balanced approach. It must reflect the cultural and religious specificities of countries and national legislation, as enshrined in the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. We therefore cannot agree with some provisions of the report, which endorses supplying needles and syringes, using opioid substitution therapy and other contentious practices in the spirit of a harm-reduction strategy that is not universally accepted, and portrays these as effective tools and strategies for improving the quality of life and health of intravenous drug users.

We believe that the fundamental goal of public health care is not drug-related harm reduction but the total elimination of drug use for non-medicinal purposes. The treatment of opioid dependence by replacing some narcotics with others is at odds with scientific

approaches to prevention and treatment. For this reason, Russian legislation bans the use of methadone therapy. Consequently, the recommendations contained in the report to expand the availability of the relevant services cannot be applied within Russia, and since that is the case in other countries too, the recommendations cannot be considered universal. We believe that it would be more realistic to take the path of integrating State efforts to combat the spread of HIV/AIDS among drug users, including intravenous drug users, into a range of measures aimed at reducing rather than increasing the demand for narcotics, and that attempts to address the two issues separately will not yield the desired results.

We are perplexed by the report's affirmation that the criminalization of drug possession and use creates certain barriers to the delivery of HIV/AIDS-related services. We should recall that determining punishment for drug-related crimes, including possession, and the application of additional alternative punitive measures in line with international drug-control conventions, is the prerogative of States.

We believe that the Joint United Nations Programme on HIV/AIDS (UNAIDS) is the principal platform for identifying further strategies and methods to combat infection. As such, UNAIDS is designed to support other United Nations systems and work to that end. In that regard, we would like to draw attention to the work being done by UNICEF on a strategic vision for HIV/AIDS for the period 2018 to 2021.

As we see it, the section on preventive measures is not clear enough on the areas of activity that prevent risky conduct. It is important not to limit our work solely to the so-called medical measures that combat the spread of the virus. Rather, we must encourage people, particularly young people, to engage in more responsible conduct and adopt a more responsible approach to their health and future. We believe it would be wise to coordinate the two bodies' efforts and, in line with the 2016 Political Declaration, to supplement the document that is being drafted with provisions on the prevention of risky conduct and awareness-raising campaigns on the consequences of such behaviour where the likelihood of infection is concerned.

The Russian Federation is working in a targeted way to prevent the spread of HIV. In recent years, traditional medical measures have been supplemented with an important new element, namely, the deployment of an ongoing, wide-ranging awareness-raising campaign among the people, including efforts targeted to young people, both in school and at work. The active engagement of civil society and non-profit organizations in HIV prevention activities will help to significantly enhance their effectiveness, given the fact that civic organizations respond to the real demands of society and can quickly provide services for those who for some reason fall through the cracks of State services, including those in at-risk groups. This has been facilitated by amendments introduced into Russian legislation in 2016 that guide work with socially oriented non-profit organizations.

In conclusion, we reaffirm the Russian Federation's readiness to help strengthen regional cooperation in combating HIV, including the ongoing practice of organizing international Eastern Europe and Central Asia AIDS conferences in Moscow, the next one of which will be held in April 2018 with support provided by the Government of the Russian Federation. We hope to increase attendance at those conferences, which will help to raise its standing as a leading representative forum on the issue in the regions of Eastern Europe and Central Asia.

Ms. Bogyay (Hungary): Hungary thanks the Secretary-General for his report (A/71/864). We remain fully committed both to the fight against HIV/AIDS and to the implementation of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 in that regard.

We align ourselves with the statement delivered on behalf of the European Union.

The 2030 Agenda for Sustainable Development set the lofty goal of ending the epidemic of AIDS by 2030, thereby contributing to the broader principles of equity, human rights and leaving no one behind. In order to do so, our policy programmes must be ambitious and underpinned by political will, professional support, and sufficient human and financial resources in their implementation.

Critical elements in our efforts towards ending the epidemic by 2030 include sustainable financial support for prevention, increased screening uptake and treatment and fighting against stigma and multiple, intersecting forms of discrimination towards people living with HIV/AIDS, particularly in rural areas, where transmission is less frequently detected in certain groups of the population.

HIV/AIDS prevention and early diagnosis are among Hungary's health-policy priorities. They have been supported by the Ministry of Human Capacities since the very beginning of the epidemic, Hungary has been able to contain HIV/AIDS quite successfully. Our actions include awareness-raising and educating the public, including through the media. That includes increased regular screenings and counselling services to the population at risk, diagnosing HIV at an early stage, HIV prevalence surveys among pregnant women, needle-exchange programmes and the exchange of experiences with case studies and best practices. Preventive steps aimed at young people include school programmes on prevention and responsible sexual behaviour, as well as health promotion for teenagers.

In that context, we remain committed to sexual and reproductive health and reproductive rights, age-appropriate and evidence-based comprehensive sexuality education, as enshrined in the 2030 Agenda and the HIV/AIDS Declaration, as well as the Programme of Action adopted at the International Conference on Population and Development and the Beijing Platform for Action, which continue to serve as basic references on the issues at hand, in line with supplementary national legislation.

We are proud that Hungary has achieved almost two of the 90-90-90 targets. Specifically, 90 per cent of persons diagnosed as HIV-positive have access to antiretroviral therapy, and almost 90 per cent of patients receiving treatment are HIV-free or have a very low level of copies of HIV's genetic material per millilitre. In Hungary, every HIV patient has access to the latest antiretroviral drugs for a very low fee, resulting in the decrease of copy numbers in the blood to an undetectable level, a significant improvement in the quality of life of those infected, and making the likelihood of transmission close to zero.

We believe that, with an additional collective push, elimination of the epidemic by 2030 is possible, and we reiterate our commitment to this end.

Ms. Moldoisaeva (Kyrgyzstan): Kyrgyzstan is committed to the implementation of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, in accordance with our national laws, national priorities and international principles of human rights.

Our country has developed the necessary institutional basis for dealing with the epidemic. The new United Nations framework programme for 2018-2028, adopted in May 2016, highlights the importance of addressing HIV/AIDS. Our National Sustainable Development Strategy 2040 and our State programme for combating HIV infections in the Kyrgyz Republic for the period of 2017 to 2021 will also be adopted soon.

To achieve the goals stated in the Declaration, the Government of Kyrgyzstan is in the process of identifying as many people as possible living with HIV. To this end, rapid testing is carried out and mobile clinics are used for observation in remote rural areas. Increased access to testing for the population has contributed to the improvement of detectability from 588 cases in 2015 to up to 714 in 2016. Discussions of the national policy on HIV/AIDS issues, existing challenges and solutions are being planned for the national high-level conference on the spread and treatment of HIV/AIDS in Kyrgyzstan during the visit of the Secretary-General's Special Envoy for HIV/AIDS in Eastern Europe and Central Asia, Mr. Kazatchkine, which is scheduled for September this year.

Given the fact that combating HIV/AIDS requires comprehensive measures not only at the national level but also at the regional level, the implementation of the Political Declaration was a subject of discussion at the 27th meeting of the Health Council of the Commonwealth of Independent States, held in Bishkek in April.

In conclusion, we deem it important to emphasize that the economic hardships of developing States restrict the ability to finance HIV/AIDS programmes in the State budget. As noted in the Secretary-General's report (A/71/864), although domestic investment has increased, the decline in donor revenues, currency fluctuations and delays in the receipt of expected donor funds have led to a slight decrease of annual investment in low- and middle-income countries in recent years. Without sufficient funding, many of the achievements made will be lost and the programmes shut down. In this regard, we believe that only a commitment to progress and coherence of efforts of the State, civil society, and international partners will allow for the goals set to be achieved.

Mr. Djani (Indonesia): At the outset, I wish to thank the President for convening this review of the Declaration of Commitment on HIV/AIDS. I also wish

to thank the Secretary-General for his report updating Member States on the current state of the progress made in pushing back the spread of HIV/AIDS globally (A/71/864).

Indonesia aligns itself with the statement made by the representative of the Philippines on behalf of the Association of Southeast Asian Nations.

Indonesia continues to be fully committed to reducing the number of new HIV infections and HIV-related deaths and eliminating HIV/AIDS-related stigma by 2030. It is well recognized that the highest risk of HIV/AIDS transmission is through drug use and unsafe sexual interactions, which put hundreds of thousands — if not millions — at risk of infection. What is more alarming is when HIV-positive persons are unaware of their HIV status and therefore make no special efforts to mitigate infection. This can lead to the even-worse scenario in which HIV is transmitted from pregnant women to their babies. In this context, since the adoption on the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, Indonesia has taken the following actions.

First, we are engaging with communities and doing outreach programmes in the context of the 90 per cent target of all people living with HIV knowing their HIV status. We recognize that comprehensive engagement with vulnerable groups is crucial. The development of the concept of continuous HIV and sexually transmitted disease comprehensive care as an approach in Indonesia's HIV programme has incorporated the critical role of community involvement. The active role of community, including people living with HIV and their families, in facilitating comprehensive care should ideally start from home or community through health-care providers and then back to home or community.

Secondly, we are working to strengthen health-care systems at every level, especially primary care and mobile testing, and to improve the quality of both HIV/AIDS services and services preventing mother-to-child transmission by expanding care and support services down to local clinics. The Government has been providing antiretroviral drugs to all people living with HIV; such drugs can be accessed in all care, support and treatment service centres in Indonesia.

Thirdly, we are striving to reach high-risk groups with AIDS prevention programmes. We promote the consistent use of condoms as well as community-based testing and counselling. Mobile testing tends to be more effective in reaching some communities, particularly at-risk groups that are susceptible to stigma and discrimination.

While practical and concrete steps are crucial to push back the transmission of HIV/AIDS, there also needs to be a solid legal and policy framework to support action. In this regard, several laws have been adopted since 2013 to ensure the rights to health, particularly in relation to the provision of reproductive-health services for women and girls, and protection from HIV/AIDS.

The launch of our national strategy for reproductive health is aimed at developing responsible and healthy behaviour in adolescents. The strategy is being promoted vigorously at the community level through community health centres. Every municipality or city is mandated by the Ministry of Health to have four centres that are able to implement an adolescent-friendly health-service programme. As of 2014, there were almost 3,000 adolescent-friendly health-service programmes across 405 municipalities or cities.

We are also focusing very hard on preventing mother-to-child transmission. National guidelines on the subject have been adopted, and capacity-building for health-service providers carrying this programme has been provided by the Government, focusing on a region with a high number of HIV cases. In 2014 alone, the Government performed 1,583 HIV test and counselling service programmes. Within the testing and counselling services provided, 214 were mother-to-child prevention service units and 465 were service units for care, support and medication. In addition, there are as many as 450 Government-authorized hospitals where the public can get referrals for HIV/AIDS services, 1,290 service units for sexually transmitted diseases, and 223 tuberculosis/HIV service units.

We have all agreed that HIV/AIDS is a scourge that can be eradicated. In 2011, at the High-level Meeting on HIV/AIDS, we agreed to focus on strengthening measures to avoid the transmission of the virus, including counselling, education, reducing risk-taking behaviour and encouraging responsible sexual behaviour that encompasses abstinence, fidelity and the correct and consistent use of contraceptives. Unfortunately, the same language has not been retained in the 2016 Political Declaration.

Important inroads have been made to reverse the spread of this epidemic globally through those

approaches. It is important to continue the efforts on the ground, not only with key populations but with all affected and potentially affected populations. Indonesia supports the promotion of risk-reducing behaviour. However, we need to go a step beyond that: in our view, to truly stop the HIV/AIDS virus in its tracks measures that encourage risk avoidance are required, as it would be a far more effective way to fully ensure non-transmission of the HIV/AIDS virus. In the midst of the many diseases and pandemics that the world is facing today, we should enhance cooperation and work together to address the spread of HIV/AIDs globally so that no one is left behind. Indonesia is fully committed to that goal.

Mr. Braun (Luxembourg) (*spoke in French*): Luxembourg would like to congratulate the Secretary-General on his first report on the response to HIV/AIDS (A/71/864). The report highlights the progress made and the obstacles still to be overcome.

I fully agree with the statement made by the observer of the European Union. However, I would like to add a few points in my national capacity.

The fight against AIDS has not yet been won. We must not yield to complacency. The 2030 Agenda for Sustainable Development has set the ambitious goal of ending the AIDS epidemic by 2030, a goal reaffirmed in the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and Ending the AIDS Epidemic by 2030, adopted a year ago.

The 90-90-90 initiative launched by the joint United Nations Programme on HIV/AIDS (UNAIDS) is a continuation of the success of the Treatment 2015 initiative, improving access to antiretroviral therapy. This triple objective goes beyond simple treatment; it also strengthens prevention, which is essential in the fight against AIDS.

My country has been supporting the 90-90-90 initiative since its launch, both financially and politically. I would like to highlight in particular the commitment of Mr. Marc Angel, a member of the Parliament of Luxembourg who was appointed a UNAIDS champion for the 90-90-90 treatment target. In April of this year, Mr. Angel carried out an important study and awareness-raising mission in South Africa, Botswana and Lesotho.

Despite advances in antiretroviral therapy and suppression of viral load, we are far from achieving the primary goal of 90 per cent of people infected with HIV knowing their HIV status; we are closer to 60 per cent. In that context, Luxembourg supports the Secretary-General's call for a revolution in screening. It is important to strengthen screening services and bring them closer to the people and communities that need them.

Another priority is to build on the success of the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive. Luxembourg has supported this plan throughout its implementation from 2011 to 2015. The results for children are impressive: new infections in newborns have been reduced by more than half, and the number of children from the ages of 9 to 14 years on antiretroviral therapy has more than doubled. But there is still much to do in terms of access to diagnosis and paediatric treatment.

The fight against AIDS requires a multisectoral and multi-stakeholder approach. The Secretary-General rightly emphasizes in his report the need for combined and comprehensive prevention, including universal access to sexual and reproductive health services and family planning, comprehensive sex education, availability of condoms, voluntary circumcision and pre-exposure prophylaxis.

Girls' education, nutrition and food security have been shown to contribute to lowering the rate of HIV infection. Human rights and the fight against all forms of stigma and discrimination also remain at the heart of the fight against AIDS. The most affected populations are often the most marginalized and are denied their rights and access to the care and services they need. In that regard, too, action is required.

We are facing an investment gap of $7 billion per year to end the AIDS epidemic by 2030 and reach the 90-90-90 triple target by 2020. However, national resources dedicated to the fight against AIDS are sharply increasing, and the recent replenishment of the resources of the Global Fund to Fight AIDS, Tuberculosis and Malaria was a great success. Luxembourg has increased its contribution to the Global Fund by 8 per cent for the years 2017-2019. Our annual contribution is now €2.7 million.

By mobilizing additional resources, care must be taken to ensure that the resources available are used as efficiently and effectively as possible. Close collaboration among all actors, including UNAIDS,

the Global Fund and the World Health Organization, is essential. Luxembourg supports the strengthening of the UNAIDS working model.

The five main recommendations made by the Secretary-General get it right. My country supports them as a whole. There is perhaps only one drawback: we question the usefulness of a so-called grand coalition to strengthen combined HIV prevention. We believe that the existing structures and frameworks to strengthen prevention are sufficient at the present time.

We have the means to end the AIDS epidemic as we continue and strengthen our commitment at all levels.

Ms. Amadeo (United States of America): The United States commends the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund, partner Governments and civil society on the tremendous progress outlined in the report of the Secretary-General on the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV and AIDS (A/71/864). To end the HIV/AIDS pandemic, it is critical for all partners to continue to fast-track their efforts. We must focus on delivering effective interventions to the populations and locations with the highest HIV/AIDS burden.

The United States strongly supports the leadership of UNAIDS in the global HIV/AIDS response. We applaud UNAIDS for its data-driven efforts that have encouraged us all to focus on ensuring that the right HIV services are available in the right places at the right time and in the right way so that we can have the greatest possible impact with our investments. We also would like to commend UNAIDS on producing the world's most extensive epidemiological data on the AIDS pandemic. Having the right data is vital to tracking progress towards meeting the commitments made in the 2016 United Nations Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and Ending the AIDS Epidemic by 2030.

The United States, through the United States President's Emergency Plan for AIDS Relief (PEPFAR), is committed to partnering with countries to control the epidemic by focusing on data, mutual accountability and transparency, in order to implement evidence-based HIV prevention, treatment and care interventions that accelerate progress towards this goal. Through PEPFAR, we have helped save and improve the lives of millions of men, women and children around the world, but our work is far from done. The United States is particularly focused on the need to prevent new HIV infections among adolescent girls and young women, 390,000 of whom were newly affected last year alone. We have responded with programmes like the PEPFAR-led DREAMS public-private partnership, which has reached over a million adolescent girls and young women. We are also committed to expanding access to HIV treatment for children. PEPFAR now assists nearly 1.1 million children living with HIV in receiving life-saving antiretroviral treatment.

Continued global solidarity, coupled with increasing shared responsibility and strategic investment as defined by the 90-90-90 global targets, puts us on a trajectory to ending the HIV/AIDS epidemic. The United States encourages all Governments to redouble their efforts towards controlling the HIV/AIDS epidemic as they implement the Sustainable Development Goals.

As a global community, we have made tremendous progress, but this is no time to slow down or rest on our laurels. Together we have an extraordinary opportunity to control and ultimately end the HIV/AIDS epidemic as a public-health threat, thereby creating a world that is healthier, stronger and safer for us all. However, it will take all partners working with commitment, focus and accountability to reach the targets outlined in the 2016 Political Declaration for ending AIDS. The commitment of the United States to helping to control and ultimately end the HIV/AIDS epidemic is unwavering.

Mrs. Arrieta Munguía (Mexico) (*spoke in Spanish*): Mexico welcomes the presentation of the Secretary-General's report on the progress made in implementing the various declarations of the General Assembly on the global response to HIV/AIDS (A/71/864). We agree on the need to revitalize the action response to ending HIV. States, agencies of the United Nations system and other stakeholders must make a commitment to accelerating the actions needed to meet goals in this area, including in such cross-cutting issues as universal health coverage, access to sexual and reproductive-health services and attention to key populations through specific policies.

My country has developed a national programme that has borne fruit. As recognized by the World Health Statistics report released this month by the World Health Organization, Mexico now has the fourth-lowest prevalence of people living with HIV in the Americas. However, there are still challenges that need

to be addressed in some key groups, such as men who have sex with men, and sex workers, which still require public policies that ensure a human rights approach in order not to leave anyone behind. Likewise, we believe that the involvement of key populations — young people, women and girls, as well as those living with HIV — is paramount.

The community model has borne fruit in Mexico: annually civil-society organizations compete for federal resources that are made available for project development. Between 2013 and 2016, for example, approximately $5 million was allocated to improve prevention, detection and treatment. Without a doubt, prevention must be at the heart of the international response. According to our national experience, preventive policies are cost-effective compared to other forms of monitoring intervention.

In the same vein, we recognize that detection is fundamental. We are convinced that targeted testing among key populations identified in each society is a better investment of resources than massive generalized testing. At the same time as identifying the right key groups, it contributes to getting treatments more effectively to people living with HIV, in line with the 90-90-90 initiative.

As a member of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board, we want to express our support for the joint programme model, as it is an exercise in which States, United Nations system agencies and non-governmental organizations work hand in hand to eliminate this epidemic, in the context of the implementation of 2030 Agenda for Sustainable Development. We also believe that the shared-resource management lessons for achieving goals, expressed in the unified budget and work plan, can contribute to the discussions on the coherent and coordinated work of the United Nations system in the implementation of Agenda 2030.

We therefore invite all stakeholders involved to support UNAIDS, including financially. We consider it necessary to strengthen the Joint Programme in order to operate as an agency of the United Nations system that fosters international cooperation for the design of standards in the field and is not reduced to a simple project manager of the resources of other finance mechanisms.

Mr. Zamora Rivas (El Salvador) (*spoke in Spanish*): It is an honour for me to address the General Assembly at this meeting to review the progress made in response to the HIV/AIDS epidemic. El Salvador welcomes the significant progress made at the regional and global levels in the fight against the HIV and AIDS epidemic. At the same time, we recognize that we still have many challenges ahead to ensure that people living with HIV/AIDS are not left behind, as we committed to doing when we adopted the 2030 Agenda for Sustainable Development. We wish to reaffirm our commitment to guaranteeing human rights and fundamental freedoms for all without any discrimination, with special emphasis on addressing the inequalities, needs and rights of people living with HIV/AIDS.

El Salvador, as a country committed to reaching Agenda 2030, is promoting a comprehensive reform of the health system, where two of the reform's transversal axes are social participation and human rights, with the aim of guaranteeing high-quality comprehensive care, without stigma or discrimination. In that regard, El Salvador has a national multisectoral strategic plan in place to respond to HIV for the period from 2016 to 2020, which guarantees the commitment of all sectors, since it is not an exclusive sexual issue, but is a security issue, education and national development and given that the impact of the epidemic affects the entire population of our country.

Our national HIV/AIDS programme seeks to contribute to the achievement of the Sustainable Development Goals and to accelerate the response to HIV to meet UNAIDS 90-90-90 targets, with strategies for primary prevention, early diagnosis, timely initiation of antiretroviral therapy and viral suppression for people living with HIV — which are the essential elements of the effort to contain the epidemic — and for reducing the mother-to-child transmission of HIV, syphilis and other sexually transmitted infections, with a focus on populations at higher risk and experiencing inequalities.

El Salvador has fulfilled the commitments it made to the Organization in the Political Declarations to contain the HIV epidemic. In recent years, we have progressed as a country in the national response. We have set ourselves a common goal and we are making our best efforts, giving priority to investments in health in unfavourable financial scenarios. As a result of that effort, we have seen a steady decline in the number of new diagnoses per year and a decrease in mother-to-child HIV transmission. Within this framework, we have established an ongoing campaign for the prevention of mother-to-child transmission of HIV and congenital

syphilis, and we have kept vertical transmission of HIV below 2 per cent, thereby achieving one of the goals of the Strategy and Plan of Action for Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis of the World Health Organization (WHO).

In addition, antiretroviral therapy is provided free of charge throughout the country. Our health-care workers have been trained to treat people with HIV in accordance with WHO guidelines. We have in place an information system that allows us to better understand the epidemic, which also allows us to make decisions to optimize our response. We have established a national commission for HIV response and a national coordination mechanism throughout the country with broad multisectoral participation, including for people affected by HIV, which has allowed us to achieve the best results possible.

El Salvador has worked extensively to strengthen the recording and monitoring of HIV information, including by providing counselling before and after testing, as well as updating testing tools, which makes it possible to better understand the epidemic. The information generated with those tools has made it possible for the country to fulfil our national and international reporting commitments.

Mr. Sumi (Japan): At the outset, I would like to thank the Secretary-General for presenting his report on the very important topic of the implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS (A/71/864).

The international community has achieved outstanding progress in the reduction of both the number of deaths from AIDS-related illnesses and the number of new HIV infections towards our relevant target in the 2030 Agenda, which is the end of HIV/AIDS by 2030. On the other hand, we still have to improve access to comprehensive prevention, treatment, care and support for HIV/AIDS.

The most effective means to ensure universal access to these services is the achievement of universal health coverage. Achieving universal health coverage requires social restructuring and a firm commitment to the principle of leaving no one behind from the benefits of health services.

Health systems will need to mobilize large financial and human resources. Therefore, we have to place a higher priority on health-sector development, increasing domestic-resource mobilization and enhancing the international framework to support developing countries. Furthermore, it is crucial to address the needs of those who are particularly vulnerable, such as women and girls and other key populations, thereby creating a world where there is neither prejudice nor discrimination.

Japan has long played a major role in global health and has supported the efforts of developing countries, both bilaterally and multilaterally, through such bodies as the Joint United Nations Programme on HIV/AIDS and the Global Fund, to strengthen their health systems. In that connection, last year Japan pledged to provide $1.1 billion to international health organizations, including the Global Fund. So far, we have disbursed $400 million of that pledge. Japan intends to fulfil its commitments to the international community and to contribute even further to addressing the world's global health challenges, including HIV/AIDS.

Mrs. Bartoli (France) (*spoke in French*): At the outset, I would like to thank the President for organizing this meeting to present the report of the Secretary-General on the implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS (A/71/864).

France aligns itself with the statement delivered earlier by the observer of the European Union on behalf of its member States.

We also wish to express our appreciation to the Secretary-General for his follow-up report on the High-level Political Declaration of June 2016, which allows us today to take stock of the implementation of the collective commitments made in the Assembly last June.

France welcomes the considerable progress achieved in the fight against HIV/AIDS over the past 15 years. That progress was made possible thanks to unprecedented mobilization by States, international organizations and civil society. In particular, I would like to commend the commitment of Mr. Michel Sidibé for his leadership of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the tireless efforts of his teams to galvanize mobilization around HIV/AIDS at the highest level in order to strengthen the rights of affected individuals and to change mentalities around this pandemic.

As the Assembly knows, France is fully committed to achieving the targets for 2020 to end the AIDS epidemic by 2030, in accordance with our commitments under the Sustainable Development Goals (SDGs) and the various commitments we undertook to that end. The Secretary-General's report shows that the challenges to achieve those targets remain enormous. With four years left before our first deadline, we must pursue our efforts with determination through an inclusive approach that respects rights so as to leave no one behind. We must focus on innovation, ambitious and shared financing and a resolutely cooperative governance.

We must first adopt an inclusive approach to leaving no one behind. Indeed, much work remains to be done to achieve universal access to prevention, treatment and care. The HIV epidemic continues to have a disproportionate impact on key populations, as well as on women and girls who are victims of violence and discrimination, which makes it more difficult to receive proper care for their disease.

Placing key populations at the heart of the response to HIV is the only way to eliminate AIDS by 2030. France maintains its commitment to this goal: it has made the issues of human rights, promoting the role of civil society and affected communities, and sexual and reproductive health and rights priorities within the multilateral institutions that it heads.

At the national level, we have made pre-exposure prophylaxis accessible to those most at risk of HIV infection in order to put an end to transmission. More broadly, access to counter-HIV services remains limited in many parts of the world owing to weak health-care structures and human resources, but also to the cost of diagnosis, treatment and care.

The situation in West and Central Africa is particularly worrying, with antiretroviral coverage rate estimated at 24 per cent in some areas, according to a report by Médecins sans frontières published in 2015. The situation must be addressed urgently. I would like to commend the efforts undertaken by UNAIDS and its partners with regard to the catch-up plan for the region. We have encouraged those efforts from the outset and we continue to support them, notably through our technical assistance.

Our second focal point in the fight against AIDS is the need to strengthen innovation and for ambitious and shared funding. The stagnation of funding dedicated to the fight against HIV/AIDS is a significant obstacle to achieving the targets for 2020. France has placed the fight against infectious diseases at the heart of its priorities and its international financial commitments. As the second-largest contributor to the Global Fund to Fight AIDS, Tuberculosis and Malaria, we have committed €1.08 billion for the 2017-2019 period. We provide more than 20 per cent of international funding for HIV-related programmes, which enabled more than 9 million people to receive antiretroviral therapy as of the end of 2016.

We are convinced that we must leverage innovation and research to achieve our international commitments in the fight against HIV. Innovation in our financing methods, which France achieved through a tax on airline tickets and financial transactions, enables us to provide the United Nations International Drug purchase Facility (UNITAID) with nearly 60 per cent of its annual budget. We have leveraged innovation in both approaches and tools, and UNITAID has played a key role in that regard by increasing access to methods of diagnosis for patients and creating a paediatric market for antiretroviral treatments. These efforts contributed in particular to reducing tenfold the cost of HIV treatment and multiplying tenfold the number of people benefiting from these medicines.

In this limited financial context, the strengthened commitment of the countries affected to financing the fight against HIV/AIDS, and more generally to strengthening their health-care systems, is crucial. At the same time, a certain number of middle-income countries will soon be forced out of international financing mechanisms. These developments must be anticipated and prepared for as much as possible by countries, in coordination with international organizations, as more than 50 per cent of people living with HIV reside in those countries.

The third pillar of our national and international actions is resolute cooperative and innovative governance. The achievement of Sustainable Development Goals in the fight against HIV/AIDS calls for a comprehensive response and for more coordination of our interventions in order to avoid silos and to increase our effectiveness. The World Health Organization, through the new global health-sector strategy on HIV for the period 2016-2021, is fully aligned with the strategy and targets established by UNAIDS, whose role in such coordination is essential. France will fully play its role in the process under way to review the joint programme model. Coordination

must remain at the centre of our considerations about reform of the United Nations in general.

The Assembly can count on France to continue to steadfastly support this process multilaterally and bilaterally through its next stages.

The Acting President: We have heard the last speaker in the debate on this item.

May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 10?

It was so decided. Announcement regarding the results of the election of the Chairpersons of the Main Committees

The Acting President: Before we adjourn for a well-deserved lunch, I should like to inform members that the following representatives have been elected Chairpersons of the six Main Committees of the General Assembly at its seventy-second session and are accordingly members of the General Committee for that session: First Committee, Mr. Mouayed Saleh of Iraq; Special Political and Decolonization Committee (Fourth Committee), Mr. Rafael Ramírez Carreño of the Bolivarian Republic of Venezuela; Second Committee, Mr. Sven Jürgenson of Estonia; Third Committee, Mr. Einar Gunnarsson of Iceland; Fifth Committee, Mr. Tommo Monthe of Cameroon; and Sixth Committee, Mr. Burhan Gafoor of Singapore.

I congratulate the Chairpersons of the six Main Committees for the seventy-second session of the General Assembly on their elections.

The meeting rose at 1.05 p.m.